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SECRET
(When Filled In)

REQUEST FOR REIMBURSEMENT OR PAYMENT

1. VOUCHER NO.

25X1

3. NAME OF CLAIMANT *(LAST, FIRST, MIDDLE INITIAL)*: MALONEY, Edward J.
4. EMPLOYEE NO.:
5. OFFICE: OIT/DA

25X1

PAYABLE TO: Edward J. Maloney
ROOM: 3S35
BUILDING:
EXTENSION:
AMOUNT: $38.47

6. PROJECT NUMBER:
7. TYPE OF ADVANCE: NOA
8. ACTIVITY NUMBER:
9. DUE DATE:

PURPOSE *(FIRST 24 CHARACTERS OF EACH LINE WILL BE ENTERED)*:

10. WHAT: Computer Technology Books pd. 8/5/88
11. WHERE: Crown Books
12. WHEN: 6 July 88
13. WHY: Information purposes

16. OBLIGATION REFERENCE NO.:
14. EXP CODE:
15. AGENCY CODE:

TYPE ORN	SUB #	17. SOC	LIQ CD	18. AMOUNT
P				
S				
S				
S				

25X1

I CERTIFY FUNDS ARE AVAILABLE

DATE:
AUTHORIZED SIGNATURE: OIT/B&F

AUTHENTICATION

DATE:
SIGNATURE OF APPROVING OFFICER: Henry P. Mahoney, ADDA

CERTIFICATE FOR PAYMENT OR CREDIT

DATE:
SIGNATURE OF CERTIFYING OFFICER: OIT/B&F

25X1

PAYMENT INSTRUCTIONS:

DESIGNATION OF AGENT TO PICK UP FUNDS

I authorize my agent, whose signature appears below, to receive $_____ of official funds on my behalf and acknowledge receipt of such funds and my responsibility therefor, when paid to my agent.

DATE:
SIGNATURE OF AGENT:

DATE:
SIGNATURE OF CLAIMANT OR OFFICER: Edward J. Maloney

ACKNOWLEDGEMENT OF RECEIPT

AMOUNT:
CHECK NO.:

DATE:
SIGNATURE:

CERTIFICATION *(Check when applicable)*

☒ **REIMBURSEMENT**

I certify that the disbursements itemized above were necessarily made by me and that I have not been nor will I be reimbursed therefor from any other source and that this claim and attachments are true and correct.

☐ **PERSONAL SERVICES**

The amount requested is due the payee for satisfactory performance of duties in accordance with the terms of his contract or other written or oral agreements.

DATE:
SIGNATURE: Edward J. Maloney

TRANS CODE	CODING AREA	MONETARY CONTROL	AMOUNT

DATE	PREPARED BY	EXT	DATE	REVIEWED BY	TOTAL

25X1

FORM 1-84 264 USE PREVIOUS EDITION

~~SECRET~~

(49-51)

1 - PAYMENT COPY

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